**Application or Docket Number** 

4

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                               |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          | SMALL ENTITY TYPE |                        |    | OTHER THAN OR SMALL ENTITY         |                        |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|----------|-------------------|------------------------|----|------------------------------------|------------------------|
| FOR                                                                                                          |                                                               |                     | NUMBER FILED                      |                                   |                                             | NUMBER EXTRA                              |                                        | Г        | RATE              | FEE                    | 1  | RATE                               | FEE                    |
| BASIC FEE                                                                                                    |                                                               |                     |                                   |                                   |                                             |                                           |                                        | 180      |                   | 345.00                 | OR | 4                                  | 690.00                 |
| TOTAL CLAIMS                                                                                                 |                                                               |                     |                                   | minus                             | 20=                                         | * (                                       | J                                      |          | X\$ 9=            | 31                     | OR | X\$18=                             |                        |
| INC                                                                                                          | EPENDENT CL                                                   | AIMS                | 7                                 | minus                             | 3 =                                         | * /                                       |                                        | .        | X39=              | /                      | OR | X78=                               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                             |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          | +130=             |                        | OR | +260=                              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                     |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          | TOTAL             | 024                    | OR | TOTAL                              |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                 |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          | SMALL             | ENTITY                 | OR | OTHER<br>SMALL                     |                        |
| AMENDMENT A                                                                                                  |                                                               | REM<br>Al           | LAIMS MAINING FTER NDMENT         |                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                           | PRESENT<br>EXTRA                       |          | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                              | Total                                                         | 3                   | 3/                                | Minus                             |                                             | 29                                        | = 2                                    |          | X\$ 9=            | 18.00                  | OR | X\$18=                             |                        |
|                                                                                                              | Independent<br>FIRST PRESE                                    | . /                 |                                   | Minus                             | ***                                         | 3<br>ENT CLAIM                            | =                                      |          | X39=              |                        | OR | X78=                               |                        |
|                                                                                                              | FIRST PRESE                                                   | MIAIR               | JN OF MI                          | JUIPLE DE                         | ZEND                                        | ENT CLAIM                                 |                                        |          | ⊦130=             |                        | OR | +260=                              |                        |
|                                                                                                              |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          | TOTAL<br>DIT. FEE |                        |    | TOTAL<br>ADDIT. FEE                |                        |
|                                                                                                              |                                                               |                     | umn 1)                            |                                   |                                             | olumn 2)                                  | (Column 3)                             | 70       | DIT. F & C. 1     |                        |    | ADDII. 1 C.                        | á                      |
| AMENDMENT B                                                                                                  |                                                               | REM<br>Al           | AIMS<br>IAINING<br>FTER<br>NDMENT |                                   | PR                                          | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       | ſ        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                               | ADDIO<br>TIONAL<br>FEE |
|                                                                                                              | Total                                                         | ئ ٠                 | 33                                | Minus                             | ** .                                        | 31                                        | = 2                                    | ;        | X\$ 9=            | 18.00                  | OR | X\$18=                             | ABI                    |
|                                                                                                              | Independent<br>FIRST PRESE                                    | *                   | 3                                 | Minus                             | ***                                         | 3                                         | =                                      |          | X39=              | ē.                     | OR | X78=                               |                        |
|                                                                                                              | FIRST PRESE                                                   | NIALIC              | ON OF MI                          | JUIPLE DEI                        | END                                         | ENT CLAIM                                 |                                        | 1        | -130=             |                        | OR | +260=                              | AVAII                  |
|                                                                                                              |                                                               |                     |                                   |                                   |                                             |                                           |                                        | <b>L</b> | TOTAL<br>DIT. FEE |                        |    | TOTAL<br>ADDIT. FEE                | 10                     |
|                                                                                                              |                                                               |                     | umn 1)                            |                                   | (C                                          | olumn 2)                                  | (Column 3)                             | 701      | DIT. 1 C.C.       |                        |    |                                    | BE                     |
| AMENDMENT C                                                                                                  |                                                               | REM<br>Al           | AIMS<br>IAINING<br>FTER<br>NDMENT |                                   | PA                                          | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                       | f        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                              | Total                                                         | *                   |                                   | Minus                             | **                                          |                                           | =                                      | , ;      | X\$ 9=            |                        | OR | X\$18=                             |                        |
|                                                                                                              | Independent                                                   | *                   |                                   | Minus                             | ***                                         |                                           | =                                      |          | X39=              |                        | OR | X78=                               |                        |
|                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |                     |                                   |                                   |                                             |                                           |                                        |          |                   |                        |    |                                    |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3  TOTAL  TOTAL  OR +260= |                                                               |                     |                                   |                                   |                                             |                                           |                                        |          |                   |                        |    |                                    |                        |
| **                                                                                                           | If the "Highest Nu<br>'If the "Highest Nu<br>The "Highest Nun | mber Pr<br>ımber Pı | eviously Pareviously P            | aid For" IN THI<br>aid For" IN TH | IS SPA                                      | ACE is less tha<br>ACE is less tha        | in 20, enter "20."<br>an 3, enter "3." | 70       | DIT. FEE          | propriate bo           |    | TOTAL  <br>ADDIT. FEE  <br>lumn 1. |                        |